A European survey of management approaches in chronic urticaria in children: EAACI Paediatric Urticaria Taskforce

Sophia Tsabouri¹, Stefania Arasi², Burcin Beken³, Martin Church⁴, Montserrat Alvaro⁵, Carlo Caffarelli⁶, Carsten Flohr⁷, Sherief Janmohamed⁸, George Konstantinou⁹, Susanne Lau¹⁰, Sebastian Lefevre¹¹, Charlotte Mørtz¹², Giovanni Pajno¹³, Helena Pite¹⁴, Chris Rutkowski⁷, Petra Staubach¹⁵, Lauri Ann van der Poel¹⁶, Torsten Zuberbier¹⁷, and Tabie Anika Leslie ¹⁸

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Abstract

Background: Although well described in adults, there are scarce and heterogeneous data on the diagnosis and management of chronic urticaria (CU) in children (0-18 years) throughout Europe. Our aim was to explore country differences and identify the extent to which the EAACI/GA²LEN/EDF/WAO guideline recommendations for paediatric urticaria are implemented. Methods: The EAACI Taskforce for paediatric CU disseminated an online clinical survey among EAACI paediatric section members. Members were asked to answer 35 multiple choice questions on current practices in their respective centres. Results: The survey was sent to 2,773 physicians of whom 358 (13.8%) responded, mainly paediatric allergists (80%) and paediatricians (49.7%), working in 69 countries. For diagnosis, Southern European countries used significantly more routine tests (e.g., autoimmune testing, allergological tests, and parasitic investigation) than Northern European countries. Most respondents (60.3%) used a 2nd generation antihistamine as first- line treatment of whom 64.8% up dosed as a second- line. Omalizumab, was used as a second line treatment by 1.7% and third-line by 20.7% of respondents. Most clinicians (65%) follow EAACI/WAO/GA2LEN/EDF guidelines when diagnosing CU, and only 7.3% follow no specific guidelines. Some clinicians prefer to follow national guidelines

¹University of Ioannina Faculty of Medicine

²Ospedale Pediatrico Bambino Gesu

³Trakva Universitesi

⁴Charité, Universitätsmedizin Berlin

⁵Hospital Sant Joan de Deu

⁶Università di Parma

⁷Guy's and St Thomas' NHS Foundation Trust

⁸Universitair Ziekenhuis Brussel

⁹424 General Military Training Hospital

¹⁰Charité Campus Virchow

¹¹Regional Hospital Centre Metz-Thionville

¹²Odense University Hospital

¹³University of Messina

¹⁴Centro Hospitalar Lisboa Central

 $^{^{15} \}rm University$ Medical Center of Mainz, Johannes Gutenberg-University Mainz

¹⁶Guy's and Saint Thomas' NHS Foundation Trust

 $^{^{17}\}mathrm{Charit\acute{e}}$ - Universitätsmedizin Berlin

¹⁸Royal Free Hospital

(18.4%, mainly Northern European) or the AAAAI practice parameter (1.7%). Conclusions: Even though most members of the Paediatric Section of EAACI are familiar with the EAACI/WAO/GA2LEN/EDF guidelines, a significant number do not follow them. Also, the large variation in diagnosis and treatment strengthens the need to re-evaluate, update and standardize guidelines on the diagnosis and management of CU in children.

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Figure 1. Percentage of chronic urticaria patients complain of angioedema as indicated by the respondents





